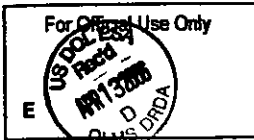


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8848</u>	2 Fiscal Year Covered From <u>1 / 1 / 2005</u> Through <u>12 / 31 / 2005</u>
3 Name and address of person filing Name Robert J Guenther P O Box Bldg Room No if any Street 1210 N 8th Street City Sheboygan State Wisconsin ZIP Code + 4 53081-3404	4 Name file number and address of labor organization Name Northern Wisconsin Regional Council of Carpent Labor Organization File Number P O Box Building and Room Number if any Street N2216 Bodde Road City Kaukauna State Wisconsin ZIP Code + 4 54130-9740
5 Position in labor organization Trustee	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount.

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u></u>	On <u>3-21-06</u> Date	(920) 452-9424 Telephone Number

Name of Person Filing Robert Guenther	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name if any) Name Wisconsin Carpenters Benefit Funds Trade Name if any P O Box Bldg Room No if any Street 1704 Devney Drive City Altoona State Wisconsin ZIP Code + 4 54720-2582	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c. Employer
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing International Foundation Conference (11/11/2005 - 11/16/2005) Transportation lodging and meal reimbursement 11 b Approximate dollar value of such dealing \$5 211 12 a Nature of interest held or income received 12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment 14 b Amount of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

The transactions, dealings, and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.